

REMARKS

Pending Claims:

Upon entry of this amendment, claims 1-6 and 8-18 are pending. Claims 1, 2, 3 and 6 are amended directly by this Response; claims 4, 5, and 8-14 are amended via dependence upon amended claims. Claim 7 has been deleted. Claims 15-18 have been added. Entry of these amendments is respectfully requested.

Rejection under 35 U.S.C. §112 (paragraph 6)

In the Office Action, a rejection was made under 35 U.S.C. §112(e) based on U.S. Patent No. 6,012,035 to Freeman ("Freeman") to claims 1-14. This rejection is obviated due to amendments to all pending claims. Nevertheless, the Applicants note that each pending independent claim includes a recitation of at least one step or element not shown or suggested by Freeman. For example, Freeman offers no discussion of the manner in which services are describe on the explanation of benefits report that is provided to employees. As shown in columns 33-34, Freeman's line item description is said to include "EOB/Claim number". This claim number would have little meaning to the patient. In contrast, the Applicant recites, in claims 1, 2, 3, 6 and all claims depending directly or indirectly therefrom, that the explanation of benefit report that is provided to the employee is in "plain language". This feature is described in the specification at page 7, lines 28-30.

New claims 15 and 16 recite the advantageous feature of sorting the explanation of benefits by family member. This feature is describe in the specification at page 7, lines 27-28.

Further, as recited in claim 18, the explanation of payment report that is provided to providers to explain the payment they received is advantageously "detachably connected" to a check. Freeman describes electronic transfer of payment to the providers, and therefore does not contemplate the physical attachment of a check to

the explanation of payment report. This feature is described in the specification at page 7, lines 14-16.

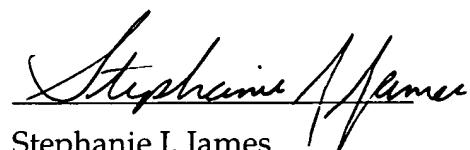
These recited features aid in helping the parties involved (the employee and his/her family, and the providers) understand the services and charges described in the report. The better that the parties are able to understand the documents provided to them, the greater chance that employee/patient's will attend to payment in a timely manner and that providers will be able to easily and accurately attend to their accounting thereby reducing errors.

CONCLUSION

The Applicants respectfully submit that this application is in condition for allowance. Notice to that effect is earnestly solicited. The Examiner is invited to contact the Applicants' representative at the below-noted telephone number is allowance would be assisted thereby.

Respectfully submitted,
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By its attorneys:

Date: 7/15/02



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(Amendment submitted July 15, 2002)

1. (Twice Amended) A computerized system for tracking healthcare services, making payment to providers for services, and collecting payment from employers and employees for such services, comprising:
 - a) a payment process for paying an aggregate batch of provider claims for services delivered during a predetermined time period to an employee from an aggregate fund;
 - b) a primary funding process coupled to said payment process for replenishing funds disbursed by said payment process, by receiving funds from the employee's employer and depositing said funds in said aggregate fund;
 - c) a secondary funding process coupled to said payment process for receiving employee contribution funds said funds payable to said aggregate fund; and
 - d) a tertiary funding process coupled to said payment process for acquiring funds from a credit source to complete employee contribution funds; and
 - e) a reporting process coupled to said secondary funding process for reporting to each covered employee on a periodic basis all services provided to said employee and the employee's family, said reporting process generating an explanation of benefits that contains a plain language description of services provided.
2. (Twice Amended) A method for tracking healthcare services, making payment to providers for services, and collecting payment from employers and employees for such services, comprising the steps of:
 - a) executing a payment process for paying a provider for an aggregate batch of provider claims for all services delivered by the provider to an employee during a predetermined time period, said payment being made from an aggregate fund;
 - b) executing a primary funding process coupled to said payment process for replenishing funds disbursed by said payment process, by receiving funds from the employee's employer and depositing said funds in said aggregate fund;
 - c) executing a secondary funding process coupled to said payment process for receiving employee contribution funds said funds payable to said aggregate fund;

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d) executing a tertiary funding process coupled to said payment process for acquiring funds from a credit source to complete employee contribution funds; and
e) reporting to each covered employee on a periodic basis all services provided to said employee and the employee's family, said reporting process generating an explanation of benefits that contains a plain language description of services provided.

3. (Amended) A method of health benefit payment and reporting, comprising the steps of:

- a) provider reporting to a first entity the provision of services to a patient;
- b.) said entity reporting to employer on a periodic basis the aggregate amount owed by employer for services rendered for the employer's employees during the period;
- c.) said entity reporting to patient on a periodic basis the amount owed by patient for provider services rendered during a predetermined period of time, said report to patient including a plain language description of services provided, and said services being sorted by family member;
- d.) collecting payment from the employer;
- e.) said entity paying said provider for services within a predetermined time period after the provisions of services, regardless of whether the entity has received payment from said patient; and
- f.) collecting payment from the patient.

4. A method of benefit payment and reporting according to claim 3, wherein said entity extends credit to said patient, such that said patient can pay the provider bills in installments, said installments being paid to said entity.

5. A method of benefit payment and reporting according to claim 4, wherein said entity calculates the risk associated with extending credit to patients, and incorporates the risk into the pricing of its services to employers and providers.

6. (Amended) A data processing system for managing the reporting of services provided and the payment and collection associated with the provision of healthcare services by a healthcare provider to an employee of an employer who provides a health plan for employees, comprising:

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- a.) computer processor means for processing data;
- b.) storage means for storing data on a storage medium;
- c.) first means for processing data regarding services provided by a healthcare provider to a patient;
- d.) second means for processing data regarding employers, their employees and the aggregate of services provided for a particular employer's employees by healthcare providers during a predetermined time period;
- e.) third means for processing data regarding all services rendered during a predetermined time period for each employee, including all people covered under employee's health plan;
- f.) fourth means for generating a report to employer stating the amount owed for the aggregate of all services provided to employees during a predetermined time period; and
- g.) fifth means for generating a report to employees identifying all services provided by all health care providers for all people covered by the health plan for each employee, and stating an amount owed by employee, said report include an itemized list in plain language of all services provided to employee and employee's covered family members, and said list being sorted by family member.

7. (Canceled)

- 8. A data processing system according to claim 6, further comprising:
 - f.) sixth means for making payment to a healthcare provider for services rendered for an employer's employee within two weeks of the provision of services;
 - g.) seventh means for processing data regarding amounts owed to and paid to provider.
- 9. A system according to claim 1, further comprising a claim aggregation process by which all claims for services rendered to all employees and their family members by all providers during a predetermined period of time are aggregated and a list is generated for each family of all such services with an identification of the aggregate amount owed by said family.

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10. A system according to claim 1, further comprising a claim aggregation process by which all claims for services rendered to all employees and their family members by all providers during a predetermined period of time are aggregated and a total amount is identified that is payable by the employer for the aggregated claims.
11. A method according to claim 2, further comprising the step of aggregating all claims for services rendered to an employees and their family members by all providers during a predetermined period of time and identifying a total amount payable by the employee for the aggregate claims.
12. A method according to claim 2, further comprising the step of aggregating all claims for services rendered to all employees and their family members by all providers during a predetermined period of time and identifying a total amount payable by the employer for the aggregate claims.
13. A method of administering a healthcare plan that covers an individual and other people related to the individual in a predefined manner, comprising the steps of:
 - a) aggregating all covered claims from providers resulting from service supplied over a predetermined period of time to the employee and the employee's family members; and
 - b) generating a bill for the individual, said bill listing every service provided over the predetermined time period for the individual and related people and said bill providing a total amount due for the aggregated claims.
14. A method of administering a healthcare plan, comprising the steps of:
 - a) aggregating all claims from providers resulting from service supplied over a predetermined period of time to all persons covered by the plan; and
 - b) generating a bill for the plan sponsor, said bill identifying a total amount due from the sponsor for the aggregated claims.
15. (New) A system according to claim 1 wherein said explanation of benefits that is sorted by family member.

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16. (New) A method according to claim 2 wherein said explanation of benefits is sorted by family member.
17. (New) A system according to claim 1, further comprising a payment reporting process coupled to said payment process, said payment reporting process including the generation of an explanation of payment identifying provider claims that are being paid.
18. (New) A system according to claim 17 wherein said explanation of payment report includes a check for payment detachably connected thereto.